

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/758,417-Conf. #5644
		Filing Date	January 16, 2004
		First Named Inventor	Beth A. Burnside
		Examiner Name	K. D. Carter
		Art Unit	1617
TOTAL AMOUNT OF PAYMENT		(\$)	1540.00
		Attorney Docket No.	20342/1202653-US3

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account    Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby &amp; Darby P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
						<u>Small Entity</u>	
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
<u>60</u> - 78 = <u>0</u>		<u>0</u>	x <u>50.00</u> =	<u>0.00</u>	<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
<u>7</u> - 3 = <u>7</u>		<u>7</u>	x <u>210.00</u> =	<u>0.00</u>			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____		= _____			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): _____ Petition for Revival of an Application ... Uninentional _____							

<b>SUBMITTED BY</b>			
Signature	/Marie Collazo/ Reg. No. 44085	Registration No. (Attorney/Agent)	33,448 Telephone (212) 527-7700
Name (Print/Type)	Joseph R. Robinson		Date August 21, 2008

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 20342/1202653-US3	
Application No. 10/758,417-Conf. #5644	Filing Date January 16, 2004	Examiner K. D. Carter	Art Unit 1617	

Applicant(s): Beth A. Burnside et al.

Invention: ORAL PULSED DOSE DRUG DELIVERY SYSTEM

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	60	- 78 =	0	x 50.00	0.00
<b>Independent Claims</b>	7	- 7 =	0	x 210.00	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00

☒ Large Entity
 ☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
 A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100  
 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

/Marie Collazo/ Reg. No. 44085

Joseph R. Robinson

Attorney/Agent Reg. No.: 33,448

DARBY & DARBY P.C.

P.O. Box 770

Church Street Station

New York, New York 10008-0770

(212) 527-7700

Dated: August 21, 2008